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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

### SUBJECT: SIGNATURE CAPITAL LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

WILLIAM J. TURNER (Name of Person) SIGNATURE CAPITAL LLC HAY IS PH 12: (Firm/Company) FILEC 780 FIFTH AVENUE SOUTH, SUITE 200, UNIT 124 (Address) NAPLES, FL 34102 (City/State and Zip Code) For further information concerning this matter, please call: NINA G. O'HARE at (\_207\_\_\_) 773-8123 (Area Code & Daytime Telephone Number) (Name of Person) STREET ADDRESS: MAILING ADDRESS: **Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Enclosed is a check for the following amount:

☑ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2007

WILLIAM J TURNER 780 FIFTH AVENUE SOUTH, STE 200 UNIT 124 NAPLES, FL 34102

SUBJECT: SINATURE CAPITAL LLC Ref. Number: W07000022289

We have received your document for SINATURE CAPITAL LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly, authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days on your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 907A00032332

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#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1.  | SIGNATURE CAPITAL LLC  |             |  |             |             |  |  |
|---|--|-------------|--|-------------|-------------|--|--|
| (Name of Foreign Limited Liability Company) |  |             |  |             |             |  |  |
|   | •  | 3.          | 13-3951930   |             | <del></del> |  |  |
|   | (Jurisdiction under the law of which foreign limited liability company is organized) |             | (FEI number, if applicable)  |             |             |  |  |
| 4.  |  | 5.          | PERPETUAL  |             |             |  |  |
|   | (Date of Organization)   |             | (Duration: Year limited liability company we exist or "perpetual") | II cease to | 1           |  |  |
| 6.  |  |             |  |             | _           |  |  |
|   | (Date first transacted business in Fle<br>(See sections 608.501 & 608.502 F.S        | ori<br>. to | da, if prior to registration.)<br>determine penalty liability)     |             |             |  |  |
| 7.  | 580 FIFTH AVENUE SOUTH, SUITE 200, UNI   | IT          | 124  |             | _           |  |  |
|   | NAPLES, FL 34102   |             |  |             |             |  |  |
|   | (Street Address of Principal Office)   |             |  |             |             |  |  |
| 8.  | If limited liability company is a manager-managed                                    | l ce        | ompany, check here 🗸   | SECRET      | 07 MAY 18   |  |  |
| 9.  | The name and usual business addresses of the man                                     | iag         | ing members or managers are as follow                              | AAY C       | B PH        |  |  |
|   | WILLIAM J. TURNER  |             | ****   |             | ניין        |  |  |
|   | 580 FIFTH AVENUE SOUTH, SUITE 200, UNIT  | 1           | 24   | ATE         | 55          |  |  |
|   | NAPLES, FL 34102   |             |  |             | _           |  |  |

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: FINANCIAL

Willie mer Signature of a member br an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) WILLIAM J. TURNER

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

#### SIGNATURE CAPITAL LLC

2. The name and the Florida street address of the registered agent and office are:

 WILLIAM J. TURNER

 (Name)

 580 FIFTH AVENUE SOUTH, SUITE 200, UNIT 124

 Florida Street Address (P.O. Box NOT ACCEPTABLE)

 NAPLES

 FL 34102

 City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

- **\$ 100.00** Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

## State of New York Department of State } ss:

I hereby certify, that SIGNATURE CAPITAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/17/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.

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The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of April two thousand and seven.

20 0 0 0 0 0 pecial Deputy Secretary of State ¢

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